

Please complete this form and sign indicating the beneficiary(ies) you choose to designate for the University of Hartford's basic life insurance benefit. Additional primary and/or contingent beneficiaries may be added by attaching an additional form.

Employee Information:

| | | |
|--|---------------|------------------|
| Print Name (First, Middle Initial, Last) | Date of Birth | Policy Number(s) |
| | | GL-159878 |

Primary Beneficiary(ies):

I designate the person(s) named below as my primary beneficiary(ies) to receive payment under this policy in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death will pass to any remaining beneficiary(ies) in equal shares.

1. _____ %
Name Relationship

Address Date of Birth

City, State, Zip Code

2. _____ %
Name Relationship

Address Date of Birth

City, State, Zip Code

3. _____ %
Name Relationship

Address Date of Birth

City, State, Zip Code

Contingent Beneficiary(ies):

I designate the person(s) named below as my contingent beneficiary(ies) to receive payment under this policy only if all primary beneficiary(ies) predecease me or are otherwise disqualified by law.

1. _____ %
Name Relationship

Address Date of Birth

City, State, Zip Code

2. _____ %
Name Relationship

Address Date of Birth

City, State, Zip Code

Authorization and Signatures:

My signature below indicates that I verify the information provided is accurate and complete and the beneficiary(ies) I have designated. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to the primary beneficiary(ies) who survive(s) me or if the percentages listed do not add up to 100%, the life insurance carrier will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

Employee Signature Date Witness Signature Date

Instructions to Complete Form

- The printed material on this form should not be deleted or altered in any way. If a mistake is made, line out the erroneous information, add the correct information and initial the correction.
- In all cases, the relationship of the beneficiary should be included with the beneficiary designation.
- If a married woman is named the beneficiary, her full given name should be shown. (For example: Mary J. Smith, not Mrs. John J. Smith.) The same applies if the form is to be signed by a married woman.
- If a minor child is named beneficiary, the birth date must be given.
- When two or more people are named beneficiaries and they are not to share equally, enter the percentage each beneficiary is to receive in the space provided. Dollars and cents should not be specified.
- If a trustee is named beneficiary, designate the trust name, address and the date of the trust agreement. (For example: The John J. Smith Revocable Life Insurance Trust with the Trust Company of Hartford Connecticut, 456 Pearl Street Hartford, CT 06110, as Trustee under Trust Agreement Dated January 1, 2018.)
- Sign and date the form. This form must also be signed and dated by a witness (who is not your designated beneficiary).
- Return the original Designation of Beneficiary form to Human Resources Development, Auerbach Computer and Administrative Center, CC 121, University of Hartford, 200 Bloomfield Avenue, West Hartford CT 06117.

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases the employee, the life insurance proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives the employee, any sum becoming payable under said Group Contract(s) by reason of the employee's death shall be payable as prescribed in said Group Contract(s).
- If this Designation of Beneficiary form provides for payment to a trustee under a trust agreement, said Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
- Said Insurance Company will honor the most currently dated Designation of Beneficiary Form on record in the Office of Human Resources Development at the University of Hartford.

Note: All life insurance policies are term insurance and are discontinued upon separation of employment